

EXHIBIT A

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017110776

DATE ISSUED: July 19, 2017

DECEDENT INFORMATION

STATE FILE DATE: July 19, 2017

NAME: BOYD WAYNE BROWN SR

DATE OF DEATH: July 14, 2017

SEX: MALE

AGE: 060 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: SHAW, ARKANSAS, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: TRUSTBRIDGE HOSPICE

LOCATION OF DEATH: JUPITER, PALM BEACH COUNTY 33458

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 20150 COLE LANE, LOXAHATCHEE, FLORIDA 33470, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: OWNER/ OPERATOR, WHOLESALES

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe: ☐ Japanese ☐ Korean ☐ Vietnamese☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl:☐ Other Asian: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: CHARLES BROWN

MOTHER/PARENT: ERMALEE GIBSON

INFORMANT: JENNIFER AGUIRRE

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1401 SE 8TH AVENUE, OKEECHOBEE, FLORIDA 34974, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: TREASURE COAST
LAKE WORTH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: DAVID M. ZULICK, F044229

FUNERAL FACILITY: ANAGO CREMATIONS LLC F087718

3379 W WOOLBRIGHT ROAD, BOYNTON BEACH, FLORIDA 33436

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2250

DATE CERTIFIED: July 14, 2017

CERTIFIER'S NAME: ANDRES EDUARDO CANOVA

CERTIFIER'S LICENSE NUMBER: ME83256

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

K. J. J. J.

State Registrar

REQ: 2018346400

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT
SEAL OF THE STATE OF FLORIDA; DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER-
MARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND
THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE
A COLOR COPY.

WARNING:

DH FORM 1946 (03-13)

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CERTIFICATION OF VITAL RECORD

